Department of Veterans Affairs

WORKSHEET FOR DETERMINING PERCENTAGES ON MEMORANDUM SERVICE LEVEL EXPECTATIONS (VA Form 0088a)

NOTE: *See VA Handbook 5011, Part II, Chapter 3, for guidance on adjustable work hours for part-time physicians.*

PRIVACY ACT STATEMENT: The Department of Veterans Affairs (VA) is asking you to provide the information on this form under the authority of Section 7405(a)(1)(a) of Title 38, United States Code in order for VA to determine the expected level of commitment and estimate the amount of time a part-time physician is expected to dedicate to patient care, administrative, research, and educational activities. The information you provide will become part of the "General Personnel Records (Title 38)-VA" (76VA05) Privacy Act system of records. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; litigation in which the United States is a party or has an interest; Federal or State licensing boards; and personnel administration. Providing this information to VA is voluntary. However, if you do not provide the information, VA will be unable to employ you as part-time physicians placed on adjustable work hours must complete and sign a Memorandum of Service Level Expectations.

NAME OF PHYSICIAN	DATE *(Month/Day/Year)*
NAME OF VA FACILITY	SERVICE AND SECTION WITHIN VA FACILITY

ESTIMATED EFFORT LEVEL		NAME OF SUPERVISOR	NAME OF TIMEKEEPER
HOURS PER WEEK	HOURS PER YEAR		

EFFORT DISTRIBUTION

ACTIVITY	HOURS PER WEEK *(Give range for intermitent activities)*	OVERALL PERCENT OF EFFORT
1. Clinic		
2. Inpatient ward attending		
3. Inpatient consult attending		
4. Operating room		
5. Special procedures		
6. Administration		
7. Teaching		
8. Research		
9. Total		

SERVICE ASSIGNMENTS

CLINIC

NAME OF CLINIC	DAY/TIME	FREQUENCY

INPATIENT WARD ATTENDING	
SERVICE	WEEKS

INPATIENT CONSULT ATTENDING	
SERVICE	WEEKS

OPERATING ROOM		
SERVICE	DAY	FREQUENCY

SPECIAL PROCEDURES		
SERVICE	DAY	FREQUENCY

ADMINISTRATION	
POSITION	COMMENT

COMMITTEES *(Include joint VA/affiliate committees)*	
COMMITTEE	POSITION

DIDACTIC TEACHING ACTIVITIES *(Include preparation time, curriculum development)*	
ACTIVITY	COMMENT

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RESEARCH ***(List or append approved projects, indicating location of research and sponsorship (if any). Continue on the blank page 3 provided (if needed))***

EXPECTATIONS RELATED TO VA APPOINTMENT

1. The service chief/manager or other appropriate supervisory official must approve changes in clinical assignments, and all clinical assignments must be covered.
2. You must be engaged in approved VA work during your scheduled work hours.
3. All leave (annual leave, authorized absence, etc.) must be recorded. Leave must be requested and reported in advance.
4. Whenever possible, you are to submit requests for adjustments to your biweekly work requirements in advance.

SIGNATURE OF PHYSICIAN	DATE *(Month/Day/Year)*
SIGNATURE OF DESIGNATED VA OFFICIAL	DATE *(Month/Day/Year)*

CONTINUATION SHEET

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